

South Carolina Department of Disabilities & Special Needs

INDICATORS FOR LICENSING REVIEWS- RESIDENTIAL SERVICES

Revised/Effective: July 1, 2020

Definitions

Community Training Home-I Model (Similar to Foster Care)

In the Community Training Home-I Model, personalized care, supervision and individualized training are provided, in accordance with a service plan, to a maximum of two (2) people living in a support provider's home where they essentially become one of the family. Support providers are qualified and trained private citizens. CTH-I homes meet Office of State Fire Marshal Foster Home Regulations.

Community Training Home-II Model

The Community Training Home-II Model offers the opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff. Supervision, skills training and supportive care are provided according to individualized needs as reflected in the service plan. No more than four (4) people live in each residence.

Supervised Living-II Model

This model is for people who need intermittent supervision and supports. They can handle most daily activities independently, but may need periodic advice, support and supervision. It is typically offered in an apartment setting that has staff available on-site or in a location from which they may get to the site within 15 minutes of being called, 24 hours daily. The minimum Support Provider to resident ratio is 1:20.

NOTE: The Home and Community-Based Services (HCBS) Settings Rule issued by the Centers for Medicare and Medicaid Services (CMS) requires that all home and community-based settings meet certain requirements. The DDSN Residential Licensing Standards reflect the agency's values and incorporate the HCBS Settings Rule requirements which are listed below:

- The setting is integrated in and supports full access to the greater community.
- The setting is selected by the individual from among setting options.
- The setting is physically accessible.
- Individual rights of privacy, dignity and respect, and freedom from coercion and restraint are ensured.
- Autonomy and independence in making life choices are optimized.
- Choice regarding services and supports and who provides them is facilitated.
- The individual has a lease or other legally enforceable agreement providing similar protections.
- The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit.
- The individual controls his/her own schedule including access to food at any time.
- The individual can have visitors at any time.

| Physical Setting Requirements | | Guidance |
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| 1.0 | <p>All sites shall receive a fire safety inspection by the State Fire Marshal's Office:</p> <ol style="list-style-type: none"> Prior to being inspected by DDSN Licensing Contractor, annually, and following major renovations/structural changes to the home. Any deficiencies received during the fire inspection shall be reviewed by DDSN prior to the home being licensed. | <p>See fire code requirements at http://www.scfiremarshal.llnonline.com/INSPECT/index.asp?file=main.htm.</p> <p>Note: In addition to smoke alarms, the site must also have a carbon monoxide detector when any of the following conditions exist:</p> <ul style="list-style-type: none"> Fuel burning appliances are used; There is a functional fireplace in the home; or The home has an attached garage with a common wall. <p>Should you have questions about placement of carbon monoxide detectors, contact your local Fire Marshal.</p> <p>State Fire Marshal Inspection report is maintained by the provider.</p> <p>Sites that have fire sprinkler systems must be inspected in accordance with NFPA 25 standards. To maintain certification: monthly, quarterly, semi-annual, annual and five (5) year inspections must be completed. All the inspections can be handled by residential staff or maintenance staff EXCEPT for the annual and five (5) year inspection which must be performed by a certified sprinkler contractor. Documentation of all inspections must be maintained by the provider. Refer to the attachments in DDSN Directive 300-03-DD for sample forms which may be used.</p> |
| 1.1 | <p>All sites shall be inspected by DDSN Licensing Contractor:</p> <ol style="list-style-type: none"> Prior to the initial admission of a person; Annually, as required per directive; and After renovations/structural changes are made to the home. | <p>The license is not transferable from either the address or family specified on the license.</p> <p>Initial inspections must be requested a minimum of two weeks in advance. For licensing purposes, "children" is defined as under the age of 21 years.</p> |
| 1.2 | <p>All sites shall pass an electrical inspection conducted by a licensed electrician:</p> <ol style="list-style-type: none"> Prior to the home being inspected by DDSN Licensing Contractor; and After major renovations/structural changes are made. | <p>"Pass" requires that the home's electrical system is in good working order and does not jeopardize the health and safety of people living there.</p> <p>Documents must be available to verify the date and results of the inspection, as well as the inspector's license number. Forms submitted as evidence of an electrical inspection must include a review of all components of the home's electrical system and the signature and licensing number of the person completing the inspection. See DDSN Directive 300-03-DD for a sample form.</p> <p>Sites that have emergency generators must perform complete and thorough inspections of them. Routine service by a qualified contractor is encouraged to ensure that generators are maintained in good operating condition. Service contracts generally include semi-annual and/or annual inspections. Providers must perform monthly checks of the generators. Documentation of all checks must be maintained by the provider. See DDSN Directive 300-03-DD for sample forms which may be used to conduct monthly inspections.</p> <p>Note: Electrical system must be maintained in good working order at all times. Any conditions at the time of the inspection that jeopardize the health and safety of the people living at the site will be cited as a deficiency.</p> |
| 1.3 | <p>All sites shall pass a heating, ventilation and air-conditioning inspection conducted by a licensed inspector:</p> <ol style="list-style-type: none"> Prior to the home being inspected by DDSN Licensing Contractor to operate; and After major renovations/structural changes are made to the home. | <p>"Pass" requires that the HVAC is in good working order and heating equipment must be capable of maintaining a room temperature of not less than 68°F throughout the home. Cooling equipment must be capable of maintaining a room temperature of not more than 75°F through the home.</p> <p>Documents must be made available to verify the date and results of the inspection. Forms submitted as evidence of an HVAC inspection must include a review of all components of the home's HVAC system and the signature and licensing number of the person completing the inspection. See DDSN Directive 300-03-DD for form which may be used for HVAC inspections.</p> |
| 1.4 | <p>When not on a public water line, all sites shall pass a water quality inspection conducted by DHEC prior to the home being inspected by DHEC to operate; as indicated:</p> <ol style="list-style-type: none"> A bacteria and metal/mineral analysis must be performed prior to being licensed; As needed, when changes in taste, color or odor are present; and A bacteria analysis must be performed annually. | <p>Providers must request an inspection from their county DHEC Office. The DHEC inspection report is maintained by the Provider.</p> <p>Mixing valves must be inspected routinely with documentation maintained by the provider. See DDSN Directive 300-03-DD for a mixing valve inspection checklist.</p> |
| 1.5 | <p>CTH I/CTH II sites serving children shall pass a health and sanitation inspection conducted by the Office of State Fire Marshal:</p> <ol style="list-style-type: none"> Prior to the home being licensed; and Annually. | <p>Pass = no citation that will jeopardize the health and safety of residents and care providers.</p> <p>For licensing purposes "children" is defined as under the age of 21 years. Documents must be available to verify the date and results of the inspection.</p> |
| 1.6 | CTH-I Homes shall have one (1) lavatory, toilet and shower/bathtub for every six (6) household members. | |
| 1.7 | Prior to being licensed, all homes which serve children under six (6) years of age, shall pass a lead-paint risk assessment conducted by DHEC. | Pass=no citation that will jeopardize the health and safety of consumers and care providers. Documents must be available to verify the date as well as results of the assessment. |

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| 1.8 | Hot water temperature in all residential settings: a) Shall be no less than 100°F; b) Shall never be more than 120°F in a home where a person lives who is incapable of regulating water temperature; and c) Shall never be more than 130°F. | <ul style="list-style-type: none"> Water regulating skills of all persons living in the home who receive services must be assessed and appropriate training implemented. Assessment data regarding the regulation of water temperature must be available on-site for licensing review. Providers should routinely check the water temperature and keep documentation of checks and necessary actions on site. Water temperature shall never be more than 130°F, no matter the skills of the residents living in the home. |
| 1.9 | All sites shall have a standard first-aid kit that is: a. Readily accessible; and b. Well stocked for the number of people who are intended to use it. | <p>Contents recommended by the American Red Cross for a standard kit: ¾" x 3" standard adhesive bandages; mini bandages; 2" x 2" sterilized gauze pads; 1" x 5 yards self-adherent wrap; triple antibiotic ointment; providone-iodine antiseptic/germicide swabs; alcohol prep pads.</p> <p>The kit should contain NO expired items.</p> <p>If an individual has been assessed as capable of using a first aid kit independently, the kit must be accessible to him/her. In SLP-II sites, residents who are assessed as independent in using a first aid kit must have one in their apartment.</p> <p>Readily accessible means quickly accessible to all staff of the home and any resident assessed as capable of using it safely.</p> |
| 1.10 | The setting is physically accessible to those who live there. | Refer to: DDSN Directive 700-02-DD: Compliance with Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act of 1990, Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1975 and Establishment of a Complaint Process. 42 CFR§441.301(c)(4)(vi)(E). |
| 1.11 | The bedrooms shall have operable lighting. | |
| 1.12 | The bedrooms shall have operable window(s). | The windows must be secure and operable without the use of special tools. There should be nothing blocking egress. |
| 1.13 | The setting shall be free from obvious hazards. | No extension cords. No trip hazards. |
| 1.14 | The setting shall have a flashlight on site for each level (floor) of the home. | Flashlight must be readily accessible and operable. |
| 1.15 | Firearms are prohibited on all sites. | The presence of firearms with no documented exception approval will be cited as a deficiency. |
| 1.16 | Pets on site shall be current with vaccinations. | Based on the discretion of the provider or landlord, pets may be allowed if: vaccinations are current; proper care is provided, and no signs of potential risks are assessed. Documentation of current vaccinations must be available for review. |
| Program Requirements | | Guidance |
| 2.0 | The Provider keeps service recipients' records secure and information confidential. | Source: 167-06-DD |
| 2.1 | Sufficient staff shall be available 24 hours daily to respond to the needs of the residents and implement their programs. | Available means that staff must be on site or in real-time contact by electronic means or be able to reach the site within 15 minutes. |
| 2.2 | The Provider demonstrates agency-wide usage of Therap for General Event Reports (GERs) according to the implementation schedule approved by DDSN. | Source: DDSN Therap Requirements. Refer to South Carolina Community Support Provider Requirements listed at https://help.therapservices.net/app/south-carolina Review documentation in Therap to determine compliance. |
| 2.3 | The Provider demonstrates agency-wide usage of Therap for Health Tracking according to the implementation schedule approved by DDSN. | Source: DDSN Therap Requirements. Refer to South Carolina Community Support Provider Requirements listed at https://help.therapservices.net/app/south-carolina Review documentation in Therap to determine compliance. |
| 2.4 | The Provider demonstrates agency-wide usage of Therap for ISP Programs & ISP Data for Goals and Objectives according to the implementation schedule approved by DDSN. | Source: DDSN Therap Requirements. Refer to South Carolina Community Support Provider Requirements listed at https://help.therapservices.net/app/south-carolina Review documentation in Therap to determine compliance. |
| 2.5 | The Provider demonstrates agency-wide usage of Therap for T-Logs according to the implementation schedule approved by DDSN. | Source: DDSN Therap Requirements. Refer to South Carolina Community Support Provider Requirements listed at https://help.therapservices.net/app/south-carolina Review documentation in Therap to determine compliance. |
| 2.6 | The person has signed a Statement of Financial Rights, which includes a fee schedule and quarterly monitoring/accountability schedule. | Verify that a Statement of Financial Rights has been signed by the consumer or his/her parent, guardian, or responsible party, which includes a fee schedule and quarterly monitoring/accountability schedule. Score "Met" if a signed statement is maintained in the person's record in the home or uploaded to document storage in Therap and labeled as the Statement of Financial Rights. Source: DDSN Directive 200-12-DD. |
| 2.7 | The person has signed a statement of consumer/residential rights. | The Statement of Consumer/residential rights may be maintained in the person's record in the home or uploaded to document storage in Therap and labeled as the Statement of Consumer Rights. |
| 2.8 | The person has received training on what constitutes abuse and how and to whom to report. | All people who reside in DDSN Contracted Residential Services require training in what constitutes abuse and how and to whom to report it. This documentation may be maintained in the person's record at the home or uploaded in Therap. Source: Residential Habilitation Standards, DDSN Directive 534-02-DD |
| 2.9 | A legally enforceable agreement (lease, residency agreement or other form of written agreement) is in place for each person. | The agreement provides protections that address eviction process and appeals comparable to those provided under South Carolina's Landlord Tenant Law. (S.C. Code Ann. § 27-40-10 et. seq). Should the resident's right to a legally enforceable agreement require modification, any modification to this right must be supported by a specific assessed need, justified in the person's plan and reviewed and approved by the Human Rights Committee. Positive interventions and supports must be tried before the right is modified, use of less intrusive methods must be documented, and data must be collected to review the modification. The modification must be time limited, include the informed consent of the individual, and cause no harm. This documentation may be maintained in the person's record at the home or uploaded in Therap. Source: Residential Habilitation Standards and 42 CFR 441.301(c)(4)(vi)(A). |

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| 2.10 | Each resident must be provided with a key to his/her bedroom. Note: With only appropriate staff having keys to doors. | Any modification to these requirements must be supported by a specific assessed need, justified in the person-centered plan and reviewed and approved by the Human Rights Committee. Positive interventions and supports must be tried before the modification, use of less intrusive methods documented, and data collected to review the modification. The modification must be time limited, include informed-consent and cause no harm. This documentation may be maintained in the person's record at the home or uploaded in Therap. If the person has unrestricted access and use of the key, the assessment is not required. "Appropriate staff" means that the resident has decided and agreed which staff members are allowed to have keys to his/her bedroom. Access must be available in the event of an emergency. Source: Residential Habilitation Standards and 42 CFR 441.301(c)(4)(vi)(B). |
| 2.11 | Each resident must be provided with a key to his/her home. | Any modification to these requirements must be supported by a specific assessed need, justified in the person-centered plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the modification, use of less intrusive methods documented, and data collected to review the modification. The modification must be time limited, include informed-consent and cause no harm. This documentation may be maintained in the person's record at the home or uploaded in Therap. If the person has unrestricted access and use of the key, the assessment is not required. Source: Residential Habilitation Standards and 42 CFR 441.301(c)(4)(vi)(B). |
| 2.12 | The setting shall be clean. | <ul style="list-style-type: none"> No evidence of pests/vermin. Bathrooms and fixtures should be free of scum, mold, and mildew. Providers will not be cited for stains that cannot be removed. Kitchens should be free of food build-up, spills, etc on appliances, counters, and floors. Floors should be reasonably swept and/or vacuumed and free of stains. |
| 2.13 | Household cleaning agents are kept in secure locations and away from food and medications. | <ul style="list-style-type: none"> When an individual living in the home has been assessed as independent in the use of household cleaning agents, accommodations must be made to allow them to access the cleaning agents when they wish to use them. Assessment data regarding the use of cleaning agents must be available on-site for licensing review. |
| 2.14 | The setting shall be free of litter/rubbish. | Litter/rubbish is contained in covered cans or tied in garbage bags. |
| 2.15 | The setting shall be free of offensive odors. | Offensive odors –smell of urine, rotting food, etc... |
| 2.16 | The setting shall have equipment in good working order. | <ul style="list-style-type: none"> Equipment may include, but not be limited to: heat/electricity, appliances, furniture (including lawn furniture, flooring, walls, plumbing fixtures, fire alarms, fire extinguishers). Furniture must be in usable condition that does not prevent reasonable use or access based on the person's gross motor and fine motor skills. |
| 2.17 | Bedrooms shall have at least 100 square feet for a single occupancy, or 160 square feet for a double occupancy. | <ul style="list-style-type: none"> The person's bedroom must not be a detached building, unfinished attic or basement, hall, or room commonly used for other than bedroom purposes. Maximum of two (2) people per bedroom, with at least three (3) feet between beds. Children must sleep within calling distance of an adult in a CTH I. |
| 2.18 | Bedrooms shall have a clean, comfortable bed, (including appropriately sized bed frame and mattress) pillow, and linen appropriate to the climate. | At least one (1) appropriately sized bed frame with mattress, pillow, sheets and blanket for every resident (unless a married couple choose to share a bed). Linens should be clean/sanitary. |
| 2.19 | The site/home shall afford each person sufficient space for privacy, including bathing/toileting facilities behind a lockable door. | For supervised living sites, this requirement is applicable when the home/unit is occupied by more than one (1) resident. Refer to: 42 CFR§441.301(c)(4)(iii) and 42 CFR§441.301(c)(4)(vi)(B) |
| 2.20 | The site/home shall afford each person sufficient space for privacy, including lockable doors on bedroom/sleeping quarters, and lockable storage. | For supervised living sites, this requirement is applicable when the home/unit is occupied by more than one (1) resident. Refer to: 42 CFR§441.301(c)(4)(vi)(B) |
| 2.21 | The setting is free from postings of employee information (such as labor standards and minimum wage posters) in common areas. | Postings of employee information should be limited to areas of the home typically used by staff. |
| 2.22 | For settings initially licensed on or after July 1, 2019, the setting shall be free from qualities that may be presumed institutional. | <p>Settings that may have qualities presumed to be institutional include:</p> <ul style="list-style-type: none"> settings in a publicly or privately-owned facility that provides inpatient treatment; and settings on the grounds of or adjacent to a public institution. <p>Refer to: 42 CFR 441.301(c)(5)</p> |
| 2.23 | For settings initially licensed on or after July 1, 2019, the setting must be free from characteristics that have the effect of discouraging integration of residents from the broader community. | <p>Settings that may have characteristics that have the effect of discouraging integration of residents from the broader community include, but may not be limited to:</p> <ul style="list-style-type: none"> settings completely enclosed by walls or fences with locked gates; settings in a multi-unit housing complex whose owners or lessees are limited to only those with ID/ID, HASCI or Autism Spectrum Disorder; and an additional setting added to an existing cluster (i.e., 2 or more) of DDSN-licensed residential or day settings. <p>Refer to: 42 CFR§441.301(c)(5)(v)</p> |
| Health and Behavior Supports | | Guidance |
| 3.0 | <p>People actively participate in the management of their healthcare to the extent they are able. At a minimum, documentation reflects that people:</p> <ul style="list-style-type: none"> Are offered choice of healthcare provider; Kept informed regarding appointments and purpose; and Have information regarding purpose/side effects of medications taken. | <p>Score "Met" if:</p> <ul style="list-style-type: none"> There is documentation to support the person was offered a choice of health care providers. There is documentation to support the person was informed, in advance, of medical appointments and the purpose of the appointments. There is documentation to support the purpose and side effects of medication have been explained to the person. <p>Documentation to be included in the Plan. Source: Residential Habilitation Standards</p> |

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| 3.1 | People receive a health examination by a licensed physician, physician's assistant, or certified nurse practitioner who determines the need for and frequency of medical care. | <p>Score "Met" if:</p> <ul style="list-style-type: none"> The person has received an exam by a licensed physician, physician's assistant or certified nurse practitioner. For new admissions, the health examination takes place prior to admission or within 30 days of the admission date. A physical can be used if it is current within the past year. <p>Documentation to be included in Health Tracking in Therap. Source: Residential Habilitation Standards</p> |
| 3.2 | Within 24 hours following a visit to a physician, certified nurse practitioner (CNP), or physician's assistant (PA) for an acute health care need, all ordered treatments will be provided and any needed follow-up appointments are scheduled. | <p>When the record includes documentation of an acute care medical visit, the provider has recorded any follow-up treatment and appointments with other health-care providers. Documentation to be included in Health Tracking in Therap.</p> <p>Source: Residential Habilitation Standards</p> |
| 3.3 | People receive a dental examination by a licensed dentist who determines the need for and frequency of dental care, and there is documentation that the dentist's recommendations are being carried out. | <p>Score "Met" if there is documentation that a dental exam has been performed by a licensed dentist and verify that the recommendations documented are being carried out. For new admissions, the dental examination takes place prior to admission or within 30 days of the admission date. A dental examination can be used if it is current within the past year. A person who is edentulous may be checked by a physician. Note: If a person has refused dental care, there must be documentation of this in Therap. Additionally, how is the provider addressing the refusal? Documentation to be included in Health Tracking in Therap. Source: Residential Habilitation Standards</p> |
| 3.4 | People shall be encouraged to eat a nourishing, well balanced diet which: a) Includes personal food preference; b) Allows desirable substitutions; and c) Meets dietary requirements of individuals. | <p>People must be involved in meal planning, grocery shopping, and preparation to the extent of their abilities. Documentation of the person's participation must be available on-site (or accessible, if kept electronically) during the Licensing Review.</p> <p>Diet must be based on accepted, recognized dietary guidelines such as the Food Pyramid and/or physician recommendation, Food Plate, etc.</p> |
| 3.5 | The "Swallowing Disorders Checklist" is completed within 30 days of admission and annually thereafter. | <p>Annual completion of the Swallowing Disorders Checklist is required for individuals receiving residential services. Staff can use the checklist for an individual receiving day services if there is an ongoing concern. The protocol must also be completed for any choking incident that occurs with residential participants while at the Day Program. This documentation may be maintained in Health Tracking within Therap. Source: DDSN Directive 535-13-DD</p> |
| 3.6 | If "yes" was noted as a response to any item on the "Swallowing Disorders Checklist", the "Swallowing Disorders Follow-Up Assessment" was completed and submitted with the "Checklist" to DDSN for review, in a timely manner. Appropriate follow-up documentation is available in the person's medical file. | <p>"Timely manner" means not more than ten business days after responding "yes" to an item on the "Swallowing Disorders Checklist". "Completed" means that responses are entered on the "Assessment" form and all required information (e.g., admission/discharge summaries, notes, testing results, etc.) is compiled. This documentation may be maintained in Health Tracking within Therap. Note: It is possible that someone may have "yes" response(s) on the "Checklist" but, per instruction from DDSN, no "Follow Up Assessment" is required. If "yes" on the "Checklist" and instruction from DDSN that "Follow Up Assessment" is not needed, then the indicator should be considered met. Source: DDSN Directive 535-13-DD</p> |
| 3.7 | All actions/recommendations included in "Required Provider Follow-Up" on the Swallowing Disorders Consultation Summary, were added to the person's plan (residential, day services or case management) and implemented within 30 calendar days or reason for non-implementation was documented. | <p>The person's Plan (residential, day services or case management) should be amended to include any actions/recommendations noted in "Required Provider Follow-Up" resulting from the review of the "Checklist" and the "Assessment". All actions/recommendations noted in "Required Provider Follow-Up" must be implemented within 30 calendar days or there must be written justification for non-implementation. This documentation may be maintained in Health Tracking within Therap. Source: DDSN Directive 535-13-DD</p> |
| 3.8 | Medications, including controlled substances and medical supplies, shall be stored appropriately. | <p>Stored in a secure and sanitary area with proper temperature, light, humidity and security. Medications should be kept in their original containers. Topical and oral medications are to be stored separately.</p> <p>Cold storage medications must be stored in a refrigerator used exclusively for medications or in a secured manner (i.e. lock box), separated from other items kept in the refrigerator. Medications shall be stored in a refrigerator at the temperature established by the U.S. Pharmacopeia (36-46 degrees F.) Expired or discontinued medications are not stored with current medications.</p> |
| 3.9 | There will be separate control sheets on any controlled substances which contain the following information: a) Name of Client; b) Date; c) Time administered; d) Dose; e) Signature of individual administering; f) Name of prescriber; and g) Controlled substance balances. | <p>Verify accurate controlled substance balance.</p> |
| 3.10 | At each shift change, there is a documented review of the control sheets by outgoing staff members with incoming staff members. | <p>This review verifies the outgoing staff member have properly administered medications in accordance with the prescriber's orders. Errors/omissions indicated on the control sheet are addressed and corrective action taken at that time.</p> |
| 3.11 | Provider shall have a policy regarding disposition of medication when: a) Medication is outdated; b) Person moves; c) Person is deceased; or | <p>The policy must be available on-site (or electronically accessible) during the Licensing Review.</p> |

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| | d) Medication is discontinued. | |
| 3.12 | Medications in an SLP-II shall be stored in the resident's apartment unless there are documented reasons as to why this would present a health and safety issue. | <p>The person's ability to self-administer medications is a separate issue from their ability to safely store medications in their apartment. Refer to DDSN Directive 603-13-DD: Medication Technician Certification for requirements for individuals to self-administer medications.</p> <p>An assessment should be completed for each person. The assessment should document any reasons why the person is not able to safely store their medications in their apartment. As a best practice, the provider should consider whether there are assistive devices available that would permit the person to safely store medications. There are many devices that are fully secure and available to people who may not be able to discriminate which pill to take, but they know not to take it until it is time or until the device dispenses it for them. Many products currently marketed to the elderly population would be beneficial to consumers in SLP-II who may not be fully independent in taking their medications.</p> <p>The ability to safely store medications is a separate issue from the person's preference not to have them stored in their apartment. An assessment should still be completed in an effort to identify potential training objectives that would assist the person and increase their interest/comfort. Assessment data for the safe storage of medications must be available on-site with the other residential habilitation records and subject to Licensing Review. The goal of all DDSN residential programs is to help the consumer(s) achieve their maximum level of independence. Just as many consumers begin with basic steps for cooking or money management, they may begin steps towards identifying and maintaining their medications, if not self-administration.</p> <p>If, after discussing options for safety and securely storing the medications in the person's apartment, they continue to state that they do not wish to store them, then a called team meeting must document the assessment results, the discussion with the consumer, including the possibility of assistive devices, and the timeframe for re-evaluation (not to exceed one (1) year). The called team documentation must include the consumer's signature, but Human Rights Committee approval is not required (DDSN Directive 535-02-DD). This scenario should be the exception, rather than the rule, for providers.</p> |
| 3.13 | Medications and/or treatments shall be administered by: a) Licensed nurse; b) Unlicensed staff as allowed by law; or c) The person for whom the medication is prescribed when he/she is assessed as independent. | <p>Unlicensed staff as allowed by law: As a result of a provision contained in the 2016-2017 Budget Bill, H. 5001-Part 1B, 36.7, the General Assembly of the State of South Carolina granted DDSN the statutory authority for selected unlicensed persons to administer medications to DDSN consumers in community settings. With regard to injectable medications, this authority only applies to "regularly scheduled insulin and prescribed anaphylactic treatments under established medical protocol and does not include sliding scale insulin or other injectable medications."</p> <p>Refer to DDSN Directive 603-13-DD: Medication Technician Certification for further descriptions of requirements for unlicensed staff to administer medications or individuals to self-administer medications.</p> |
| 3.14 | Orders for new medications and/or treatments shall be filled and given within 24 hours unless otherwise specified. | <p>If orders are given as the result of a self-initiated or family-initiated physician, PA or CNP visit, orders must be changed within 24 hours of learning about the visit.</p> <p>This documentation may be maintained in Health Tracking within Therap.</p> |
| 3.15 | Medications shall be safely and accurately given. | <ul style="list-style-type: none"> • The medication has not expired; • There are no contraindications, i.e., no allergy for the drug; and • The medications are administered at the proper time, prescribed dosage, and correct route. <p>Medication Error Rates, by location, must be available for the provider Contract Compliance Review.</p> |
| 3.16 | For persons not independent in taking their own medication/treatments, a log shall be maintained to denote: a) The name of medication or type of treatment given; b) The current physician's order (and purpose) for the medication and/or treatment; c) The name of the person giving the medication; d) Time given; and e) Dosage given. | <p>The medication pass may include multiple prescriptions and over the counter (OTC) medications/treatments that are given at the same time.</p> <p>The provider will not be cited if there are no more than three (3) medication passes per person, per month, with blanks on the medication record in any of the prior three (3) months and the provider has met the following criteria: a) The reasons for the blanks were documented on the back of the log; and b) The documentation error did not result in the need for any additional medical intervention.</p> <p>The Medication Record should be coded if the medication is not given at regular intervals or if there is any variation in scheduling. This should not create opportunities for blanks.</p> <p>Medication records (MAR and Error documentation) must be available at the licensed location (or accessible, if stored electronically) for the 3 months prior to a Licensing Review date.</p> |
| 3.17 | Medication logs shall be reviewed monthly, at a minimum to ensure medication errors/events are documented appropriately. | <p>Reviewer will examine data:</p> <ul style="list-style-type: none"> • To ensure medication errors/events are documented appropriately; • Actions are taken to alleviate future errors; and • The review should include evidence of the review for the three (3) months prior to the Licensing Inspection. <p>The review for the current month must be documented and available by the last day of the following month. If the review for the prior month has not been documented, the Licensing review may include the prior four months. Documentation of the provider's review must be available on-site during the Licensing Review. Review must be completed by a person who does not normally give medication in the site being reviewed.</p> |
| 3.18 | When psychotropic medication is given to address problem behavior that poses a significant risk to the person (i.e., self-injury, elopement, etc.), others (i.e., physical aggression, dangerous or inappropriate sexual behaviors, etc) or the environment (i.e., property destruction), a Behavior Support | <p>A Behavior Support Plan (BSP) is not required when documentation/ data clearly indicates that the person is not exhibiting behavior that poses significant risk and when evidence supports that the person has reached the lowest effective dosage based on data. This documentation may be maintained in the person's record at the home or uploaded in Therap.</p> <p>Source: Residential Habilitation Standards, DDSN Directive 600-05-DD</p> |

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| | Plan that addresses behaviors/psychiatric symptoms (i.e. target behaviors), identified through the quarterly psychotropic medication review process must be present. | |
| 3.19 | As needed by the person, but at least quarterly, psychotropic medications (or any medications prescribed for behavioral control) and the BSP are reviewed by the prescribing physician, physician's assistant, or certified nurse practitioner; the professional responsible for behavioral interventions; and support team. The behaviors/psychiatric symptoms targeted, (i.e. target behaviors) for change will be identified and documented in the review process. | Review documentation of quarterly psychotropic drug review for each person. This documentation may be maintained in the person's record at the home or uploaded in Therap. Source: DDSN Directive 600-05-DD |
| 3.20 | The specific behaviors/psychiatric symptoms targeted for change by the use of the psychotropic medication, as identified in the quarterly psychotropic medication review process, are clearly noted in the Residential Support Plan and the quarterly psychotropic drug review team meeting document. | Review documentation of quarterly psychotropic drug review for each person. Verify that data are being collected on all behaviors/psychiatric symptoms targeted for change with the use of medication. Source: DDSN Directive 600-05-DD |
| 3.21 | The Psychotropic Drug Review process provides for gradually diminishing medication dosages and ultimately discontinuing the drug unless clinical evidence to the contrary is present. | Review documentation of quarterly psychotropic drug review for each person. Clinical evidence: Currently unstable; or documented history of decompensation or decline in general functioning following a decrease in medication in the past. This documentation may be maintained in the person's record at the home or uploaded in Therap. Source: DDSN Directive 600-05-DD |
| 3.22 | Consent for health care or restrictive interventions is obtained in accordance with 535-07-DD. | Review documentation for each person to verify consent for all health care interventions and all restrictions. This documentation may be maintained in the person's record at the home or uploaded in Therap. Source: Directive 535-07-DD |
| 3.23 | When prescribed anti-psychotic medication or other medication(s) associated with Tardive Dyskinesia, monitoring is conducted. | Note: If medication associated with Tardive Dyskinesia is prescribed at the time of admission, a baseline T.D. score is obtained within one month. This documentation may be maintained in the person's record at the home or uploaded in Therap. Source: DDSN Directive 603-01-DD |
| 3.24 | Restraints are documented as a GER in Therap and reported according to DDSN Directive 600-05-DD. If an emergency restraint is required, or if an injury occurs during a restraint, a Critical Incident must also be submitted via IMS. | Determine whether DDSN reporting procedures for the use of restraints have been followed. A GER for restraint must be entered into Therap. When an approved BSP includes a planned restraint, a copy of the BSP and any amendments to the BSP must be provided to DDSN. After October 1, 2017, when a new BSP which includes the use of a planned restraint procedures (mechanical or manual) is approved for use or when any existing BSP is amended and approved to add planned restraint procedures, the BSPs must be submitted to DDSN within 20 days of approval. Copies of the BSPs and amendments must be submitted to DDSN via Therap's S-Comm system. Actual restraint use must be documented in a GER and also reported to DDSN on a quarterly basis. Source: DDSN Directives 567-04-DD and 600-05-DD, GER Requirements for DDSN providers |
| 3.25 | Documentation verifies that the behavior supports provider and Human Rights Committee were informed of each use of a restraint. | Review documentation to ensure the HRC was notified of each instance of restraint. This documentation may be maintained in the person's record at the home or uploaded in Therap. Source: South Carolina Code Ann. 44-26-160 and DDSN Directive 600-05-DD. |